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ABSTRACT

During 1970 it became increasingly clear that with limited funds from the National Library of Medicine (NLM), some mechanism would have to be found to control the ever-increasing interlibrary loan (ILL) workload of the Kentucky-Ohio-Michigan Regional Medical Library (KOMRML). It was obvious that NLM could not completely support the document delivery or ILL program and that the KOMRML participating libraries were unable to do so. Some of the cost would have to be borne by the institutions using the system; large borrowers in particular. At the same time, it was necessary to insure access to documents for the medium and small user institutions. To arrange an equitable distribution of funded ILL requests for each institution it was decided to use an augmented quota as a control. The data contained in this study covers the original attempt to learn whether lending took place, by whom and to what extent, plus three six-month periods of data regarding which institutions among the original group lent how much to which other institutions. (Other documents regarding KOMRML are available as ED 035 422 through 035 424, ED 044 147 through 044 151, ED 048 889, 055 622, 060858 and 065153.) (Author/SJ)

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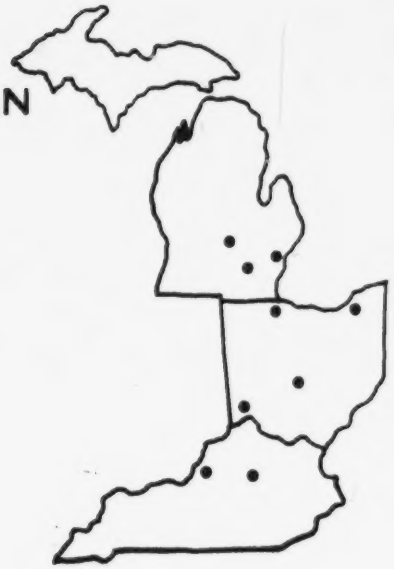

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PAPERS AND REPORTS, NO. 13

Lending Patterns Among Large Borrowing Institutions in KOMRML*

by
Elizabeth Jean Monroe

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Detroit

November 1972

During 1970 it became increasingly clear that with limited funds from the National Library of Medicine (NLM), some mechanism would have to be found to control the ever-increasing interlibrary loan (ILL) workload of the Kentucky-Ohio-Michigan Regional Medical Library (KOMRML). It was obvious that NLM could not completely support the document delivery or ILL program and that the KOMRML participating libraries (PLs) were unable to do so. Some of the cost would have to be borne by the institutions using the system; large borrowers in particular. At the same time, it was necessary to insure access to documents for the medium and small user institutions.

To arrange an equitable distribution of funded ILL requests for each institution in Region V, it was decided to use an "augmented quota" as a control. As a first step, each institution was assigned a certain number of guaranteed loan requests based on (1) available funds and (2) the expected ILL workload for the funding year. Since monitoring of ILL activity in the region was done institution by institution, it was possible to judge which institutions would exceed the guaranteed figure. Those institutions which would approach but not exceed the quota and those where the activity level normally was far below the quota could also be sorted out. The latter was a large group and thus a surplus of funded loans could be expected. Although this surplus could have been used to increase the quota figure for all institutions, it was felt that a suggested alternative approach would successfully combine two purposes.

KOMRML had already decided that there was a need to know more about those institutions which NLM currently refers to as the basic units.(1) On a regional (i.e. shared by all) basis, the institutional borrowing rate within a PL's area of service responsibility was known. Where PLs had formal or informal arrangements

(1)"National Library of Medicine Regional Medical Library Program Policy Statement" Bull Med Lib Assoc, 60:pg.271.

with the outside community, there was additional knowledge about some of the institutions, but this tended to be local rather than regional knowledge with few attempts to gather standard information. New services planned for the future would require monitoring to judge the effectiveness of the service and most of the new programs would involve interactions between the PLs and the basic units in other areas than ILL requests. All of these factors were considered when it was decided to use the surplus requests as a means of studying some of the basic units in their lending and borrowing activities. It was accordingly announced that each loan by a basic unit to another basic unit would result in an additional quota unit if the institution would be willing to report this lending to KOMRML (Appendix A).

METHODOLOGY

All institutions which had been identified as potential requestors of biomedical materials, whether they were active borrowers or not, were sent the memo announcing the need for a quota, the additional quota units which could be earned, and how. In order to minimize the task of data gathering, it was decided to limit the reporting requirements to those institutions which could be expected to exceed the original quota figure. The pilot group consisted of forty-three institutions whose make-up as to type of institutions and the corresponding location in certain sub-regions of KOMRML can be seen in Figure 1. Lending data in 1972 is being re-

	WSU	MCOT	MSU	CHSL	OSU	UC	UL	UK
Hospitals	14	1	0	10	2	1	1	3
Industrial Organizations	3	0	1	0	0	1	0	0
Educational Organizations	1	1	0	0	0	0	0	0
Foundations	2	0	0	0	1	0	0	0
Government Organizations	0	0	1	0	0	0	0	0

Figure 1

Types and number of organizations in PL service areas.

quired of 112 institutions, but for purposes of consistency and since the additional information only strengthens the conclusions which can be drawn from the data, all

tables in this study will show the interactions among this pilot group of large borrowers.

Since there was nothing but local knowledge available as to whether any lending occurred among basic units, nor, if it did, to what extent, the first task would be to answer both questions. The pilot group was sent a letter asking for information about 1970 lending to other health-related institutions (Appendix B). The return of the letter to the KOMRML Central Office would be used to compute the augmented quota due each institution lending to others. In addition, KOMRML would have data indicating (1) the total lending by these institutions, (2) in what sub-region the lenders were located, and (3) which institutions had strong and which weak community commitments. A simple sorting of the respondees into types of institutions, location in the various PLs service areas, and then summarizing the number of loans by the various sorted institutions gave this kind of information.

If lending did take place on a large enough scale, it should be possible to request reports on the identity of the institutions being lent to as well as the number of loans, if the burden of reporting by the basic unit was minimal. All requests for reports in 1971 and 1972 were, therefore, in the form of lists of names and addresses of other KOMRML borrowing institutions. Space was left for reporting the number of loans opposite each institution for each six-month period (Appendix C). Complete names and addresses plus lending amounts for institutions not on the list could be written-in. The return rate of these lists when compared to the letter response would be an indication of whether KOMRML was asking too much of these institutions. Manipulation of the lending data to discover which institutions were borrowing from the large borrowers would extend what was already known about borrowers in the region, as well as be the source for charting interactions among some basic units. If what was expected was indeed forthcoming, the data

could be analyzed in several ways:

(1) The reports from each institution would be the basis for assigning additional quota units.

(2) Summarization of lending outside the KOMRML system on a sub-regional (PL service area) basis might be used to indicate strengths and weaknesses of the basic units in specific locations and indicate where new regional services such as that of the extramural coordinator should be focused.

(3) Institutions which lent more than they borrowed (i.e. net lenders) and their converse, net borrowers, could be located through manipulation of the data.

(4) Information about the weaknesses, strengths, and uniquenesses of the ten PLs which have been apparent through comparative reports compiled quarterly on PL activity, could be supplemented by using one more measure, that of basic unit interaction in a particular service area.

(5) Changes in activity over time could be studied to indicate successes and failures in all service interactions between a PL and its institutions and also possibly judge the effect of federal funds (i.e. for library support).

FINDINGS

The data contained in this study covers the original attempt to learn (i) whether lending took place, (ii) by whom and (iii) to what extent, plus three six-month periods of data regarding which institutions among the original group

lent how much to which other institutions.

Table I illustrates the 1970 lending data. Of the forty-three institutions contacted, thirty-eight responded. Six of these gave approximate figures, indicating that their records were not as exact as was required and these are not included in the table. Another three had not loaned any items, noting at the same time their willingness to do so if their collections or the institution's policy allowed. Tables II and III show the lending results from the types of institutions in each PL's service area for the two reporting periods of 1971, while Table IV contains the same kind of data for the first six months of 1972. Certain indicators merit a closer look at not only the types of institutions but also at the interactions which take place between the PL and the basic unit.

The large lending groups as can be seen in Figure 2 are hospitals, educa-

Type of Institution	1970	1971	Jan-June'72	Total
Hospitals	5003	8293	5318	18,614
Industrial Organizations	38	324	331	693
Foundations	867	1023	516	2,406
Educational Organizations	650	1006	333	1,989
Government Organizations	0	0	0	0
Totals	6558	10,646	6498	23,702

Figure 2

Lending of KOMRML Large Borrowers by Types of Institutions Over Time

tional organizations and foundations in that order. There are two educational organizations among the large borrowers and the individual reports from them illustrate the first problems encountered in augmenting the quota in this manner. Figure 3 shows the types of institutions to which the two universities were lending

Table 1

1970 Lending by KOMRML Large Borrowing Institutions in PL Service Areas

PL	No. Returns Expected/Type of Institution	No. Returns By Type of Institution	No. Loans By Type of Institution
WSU	14 Hospitals	12	4185
	3 Industrial Organizations	3	38
	2 Foundations	1	0
	1 Educational Organization	1	650
CHSL	10 Hospitals	7	321
UC	1 Hospital	1	75
	1 Industrial Organization	1	0
UK	3 Hospitals	3	259
MCOT	1 Hospital	1	100
	1 Educational Organization	1	0
OSU	2 Hospitals	2	63
	1 Foundation	1	867
UL	1 Hospital	1	0
MSU	1 Industrial Organization	0	0
	1 Government Organization	0	0
Sub-Totals	32 Hospitals	27	5003
	5 Industrial Organizations	4	38
	3 Foundations	2	867
	2 Educational Organizations	2	650
	1 Government Organization	0	0
TOTALS	43	35	6558

Table 11

Jan-June, 1971 Lending by KOMRML Large Borrowing Institutions in PL Service Areas

PL	No. Returns Expected/Type of Institution	No. Returns by Type of Institution	No. Loans by Type of Institution
WSU	16 Hospitals	13	3016
	3 Industrial Organizations	1	45
	2 Foundations	2	0
	1 Educational Organization	0	0
CHSL	10 Hospitals	3	36
UC	1 Hospital	0	0
	1 Industrial Organization	1	28
UK	3 Hospitals	1	38
MCOT	1 Hospital	0	0
	1 Educational Organization	1	187
OSU	2 Hospitals	2	526
	1 Foundation	1	550
UL	1 Hospital	1	21
MSU	1 Industrial Organization	0	0
	1 Government Organization	0	0
Sub-Totals	32 Hospitals	20	3637
	5 Industrial Organizations	2	73
	3 Foundations	3	550
	2 Educational Organizations	1	187
	1 Government Organization	0	0
TOTALS	43	26	4447

Table III

July-December, 1971 Lending By KOMRML Large Borrowing Institutions in PL Service Areas

PL	No. Returns Expected/Type of Institution	No. Returns By Type of Institution	No. Loans By Type of Institution
WSU	14 Hospitals	14	3748
	3 Industrial Organizations	2	251
	2 Foundations	2	0
	1 Educational Organization	1	292
CHSL	10 Hospitals	6	84
UC	1 Hospital	1	37
	1 Industrial Organization	0	0
UK	3 Hospitals	2	61
MCOT	1 Hospital	0	0
	1 Educational Organization	1	527
OSU	2 Hospitals	2	704
	1 Foundation	1	473
UL	1 Hospital	1	20
MSU	1 Industrial Organization	0	0
	1 Government Organization	0	0
Sub-Totals	32 Hospitals	25	4656
	5 Industrial Organizations	2	251
	3 Foundations	3	473
	2 Educational Organizations	2	819
	1 Government Organization	0	0
TOTALS	43	32	6199

Table IV

January-June, 1972 Lending By KOMRML Large Borrowing Institutions in PL Service Areas

PL	No. Returns Expected/Type of Institution	No. Returns By Type of Institution	No. Loans By Type of Institution
WSU	14 Hospitals	14	4155
	3 Industrial Organizations	2	331
	2 Foundations	2	3
	1 Educational Organization	0	0
CHSL	10 Hospitals	7	324
UC	1 Hospital	1	51
	1 Industrial Organization	0	0
UK	3 Hospitals	1	34
MCOT	1 Hospital	0	0
	1 Educational Organization	1	333
OSU	2 Hospitals	2	734
	1 Foundation	1	516
UL	1 Hospital	1	20
MSU	1 Industrial Organization	0	0
	1 Government Organization	0	0
Sub-Totals	32 Hospitals	26	5318
	5 Industrial Organizations	2	331
	3 Foundations	3	516
	2 Educational Organizations	1	333
	1 Government Organization	0	0
TOTALS	43	32	6498

Figure 3

Loans by Large Borrowing Educational Organizations
to Other Types of Institutions

	Loans Jan-June'71	Loans July-Dec'71	Loans Jan-June'72
Hospitals	-	43	-
Educational Organizations*	186	660	525
Industrial Organizations	1	116	14

*Includes colleges, universities, community colleges, public libraries.

material. One university did not respond with lending information for two of the periods, and during the third period, there were 140 loans to 17 educational-type institutions, 109 to two industries, and 43 to three hospitals. There were doubts as to how much of the material loaned was biomedical in scope. One of the requirements for 1972 data was that all loans be of biomedical material with the decision left to the reporting institution.

The educational organization in the MCOT service area was very supportive of that PL during the period of collection building by MCOT, a relatively new medical school. Of the 714 loans in 1971, 596 were to MCOT. That figure dropped in 1972 to 272 and will probably continue to drop as the PL's dependance becomes less.

The one foundation which is both a large lender and a large borrower also lays claim to somewhat doubtful loans. There are no hospitals included in this lending, the industrial organizations are primarily chemical, and there are 523 loans to the PL's own academic institutions. Loans to the medical library of that PL would leave little doubt as to the nature of the material, or at least its use

for biomedical purposes, but it is uncertain whether this is the case when the actual library department, branch or division is not specified. Since the funding for the program is biomedically oriented, the justification for allowing additional units of this type is questionable. The method of reporting per institution allows for analysis which can pinpoint problem areas of this type.

Unlike the previously mentioned types of institutions, the industrial organizations are less apt to loan to similar kinds of institutions. Table V illustrates this and it is possible that since these are primarily drug companies, they have reciprocal needs and collections with hospitals.

Hospitals constitute the major portion of large borrowing institutions. In the two most populous service areas where the largest number of hospital big borrowers are located, lending varies greatly. In order to understand why this happens, it is necessary to look at the very different interactions of the two PLs with the basic units in their service area.

In the WSU service area, a formal interlibrary loan agreement has been signed by sixty-three institutions.(2) All sixteen large borrowing hospitals are signatories as is one industrial organization. An informal association known as the Metropolitan Detroit Medical Library Group has been in existence for several years and several cooperative ventures have been undertaken. Currently, the holdings of approximately forty hospitals are included in a Union List of Serials. These activities all tend to encourage interaction and the reports from two of the hospitals put them in the category of net lenders (along with one very active one from the OSU service area near Dayton) (Figure 4). Net lenders do not borrow more (from either the RML or from one another) than they lend to other institutions and can be

(2) Smith, Joan M.B. The Development of an Interlibrary Loan Agreement Among Biomedical Libraries of Metropolitan Detroit. KOMRML Papers and Reports, No.7, 1970.

Table V

Lending Patterns of Types of Institutions to Similar and Dissimilar Types of Institutions, 1971

TOTALS		Hospital	Educational	Foundation	Industrial	Government
8,293	Hospitals	6981	322	335	440	215
1,006	Educational Organizations	43	853	-	110	-
1,023	Foundations	-	340	499	183	1
324	Industries	181	98	-	36	9
10,646		7205	1613	834	769	225

Figure 4

KOMRML Net Lenders

PL	Borrowed 1971 From PL	Borrowed 1971 Non-PL	Total	Lending 1971	Ratio of Lend/Borrow
WSU	387	93	480	1792	3.73
WSU	780	211	991	1108	1.12
OSU	211	37	248	1028	4.15

uncovered through use of an array indicating the number of loans each institution borrows from another institution (Appendix D). With the amount of community involvement shown by the net lenders, they may well be the types NLM should consider when use of the MEDLINE data base is first extended to hospitals. The policy here which encourages local cooperation changes the patterns of document distribution. Certainly the ILL workload of the PL would be increased by these loans if reliance on one another was not a part of the interaction in that area.

In the second most populous area, comparatively little lending is done. In large measure, this is due to a "fee for service"(3) policy of the PL which offers the resources of both collection and staff competence to member institutions. Almost all of the ten hospitals among the CHSL large borrowing group are members. The most active lender, although a member, is a little further away from metropolitan Cleveland, which perhaps makes a difference for borrowers needing material quickly.

The one hospital in the UC area posed a further problem when loans were claimed for some institutions outside of the three-state region. As is the case with the less formally constructed public library/college and university interdependencies which often begin under the aegis of a State Library, there are fed-

(3) Cheshier, Robert G. "Fees for Service in Medical Library Networks." Bull Med Lib Assoc, 60:325-332, 1972.

eral networks involving both hospitals and other government organizations. Since there was some doubt whether funds should be used for non-regional loans, it was decided to again restrict augmented units in 1972, this time to the boundaries of KOMRML. Since KOMRML service areas are quite artificially of our own making, however, lending of biomedical materials was acceptable to any institution within the region.

UK, UL and MSU have service areas which are largely rural and little if any lending takes place among basic units. The third largest number of hospitals as a type of institution occurs in the UK area and this preponderance again can be traced to the particular PL/basic unit interaction. A WATS line installed through Regional Medical Program (RMP) funding at UK could be used by Kentucky health professionals for ordering biomedical materials.(4) This was seen as a necessity since the libraries in hospitals in that state were generally very poor.(5) The WATS line is now supported by UK and borrowing still continues at a high rate. In fact, UK is third not only in the number of big borrowing hospitals but also in the number of ILL requests processed in a year (Table VI). Also, as can be seen in Figure 5, among the rural area PLs, UK has had more hospitals showing some ac-

PL	Active Institutions	Inactive Institutions	Total
MSU	62	74	136
UL	27	26	53
UK	70	19	89
TOTALS	159	119	278

Figure 5
PLs with Large Rural Areas and Identified Biomedical Type Institutions

(4) Barcley, Janet. User Analysis of the University of Kentucky Medical Library Health Sciences Information Service. KOMRML Papers and Reports, No.10, 1971.
(5) Lorenzi, Nancy. Kentucky Hospital Health Science Libraries: A Potential Base for the Establishment of a Biomedical Communication Network. KOMRML Papers and Reports, No.11, 1972.

Table VI

Cumulative Totals of Interlibrary Loan Activity
in KOMRML from January - December, 1971

NO. OF REQUESTS	TOTALS	WSU	UM	MSU	UD	CHSL	MCOT	UC	OSU	UL	UK
Received	74,823	22629	5120	5884	323	11775	2541	5580	5881	3812	11278
Accepted	73,145	21471	4992	5839	321	11633	2526	5542	5830	3760	11231
Filled	59,045	18219	4050	4580	283	9423	1354	4078	4449	2988	9621
Unfilled	15,778	4410	1070	1304	40	2352	1187	1502	1432	824	1657
(Referred)	10,187	2707	734	1041	35	1091	1151	1101	836	543	948

tivity since KOMRML was funded in 1970.

The extent of the workload for the KOMRML extramural coordinator at MSU can also be seen from this figure, especially if the lack of hospital big borrowers can be taken as an indicator that borrowing may be stimulated through personal contact and other kinds of stimulation towards use of KOMRML services. MSU currently is involving several of the larger hospitals in various areas of the state as teaching hospitals for the school of Human Medicine. The effect of this activity can only be guessed at but chances are that the MSU borrowing in '72 and '73 will increase drastically.

CONCLUSIONS

Several questions have been answered (and new ones raised) in the process of collecting this data. Some of the answers had been expected.

(1) Lending did take place among basic units.

(2) Records of some sort were kept by most institutions.

(3) If reporting of lending was seen as desirable (either financially or for institutional aggrandizement) they were submitted.

(4) Lending varies greatly (as does borrowing from PLs) depending both on geographic factors and/or the interactions and policies of individual PLs.

(5) Changes in patterns over time can be spotted by this monitoring. Explanations of the changes should be sought if further regional understanding of the full system is to be gained, otherwise, the data gathering is futile.

(6) It now seems possible to ask all basic unit institutions for this kind of information so as to monitor

possible institutional behavioral changes resulting from other KOMRML service programs.

Perhaps the most unexpected aspects of this data gathering was (1) the extent of lending and (2) the number and kinds of networks which exist in, around and beside the RMLs. These networks, some of them informal, are increasing in number and the overlap among them is considerable and can be likened to the overlap of disciplines in the study of medicine. Perhaps the decision to limit the augmented quota to loans of biomedical material to institutions in Region V was a mistake, since the federal networks and information about special libraries interactions are no longer acceptable for additional quota units and are no longer reported. Among the many studies which should perhaps be made in order to plan and develop a national RML network is one in which as many network interactions as possible are monitored, rather than just the one.

Lending by PLs and lending by basic units continues to increase (Table VII). If the KOMRML program wishes to (1) encourage non-users among the basic units to become borrowers, and (2) simultaneously promote interdependence among basic units the increases can be expected to continue at both levels, perhaps even more rapidly and drastically than before. The implications of such increases for the RML, the PLs and the basic units are not completely understood. However, the RML and within that organizational structure the PLs have a mechanism by which they can communicate; forecast problems, discuss alternatives and otherwise prepare for change. No such structure exists regionally within which the basic units can do the same, either laterally or perpendicularly. For interaction to succeed, whether it be (1) restricted by present circumstances to the hierarchy of basic unit to PL or (2) extended so that the PL is acting primarily as the resource only when other community sources have been exhausted, such a structure must exist. Fos-

Table VII

Lending Increases for KOMRML Biomedical Institutions

Type of Institution	1970	1971	Jan-June'72
PL	63,559	74,823	39,988
Hospitals	5,003	8,293	5,318
Industrial Organizations	38	324	331
Foundations	867	1,023	516
Educational Organizations	650	1,006	333
Government Organizations	0	0	0
TOTALS	70,157	85,469	46,486

tering the formation of such structures should be the primary aim of the KOMRML extramural coordinators program: interdependence where it can exist or a contact person to act as the mechanism for entrance to the system where it can't.

This study has resulted in a base line, a means by which all future interactions of this type can be compared. The approach used will probably be altered but both individual and summary reports, plus various analyses will continue. Only through obtaining as much information as possible about the basic units can KOMRML hope to be successful with new programs or extensions of older ones.

APPENDIX A

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MEMORANDUM December 30, 1970

TO: Health Science Libraries, Institutions, Personnel

FROM: Director, KOMRML

The operational base of the Regional Medical Library Program is being changed for 1971. It is expected that the National Library of Medicine will reduce its support for free interlibrary loans. We have not been informed what the actual quota will be for 1971; however, the basis on which quotas will be established has been decided upon. Institutions which borrow more than they lend on interlibrary loan will be provided with a maximum number of "free" interlibrary loans from the Regional Medical Library. This quota can be increased by an amount corresponding to the number of interlibrary loans provided to other health related institutions. This memorandum is to inform you therefore, (i) that for you to increase your quota you must be willing to report to the RML Central Office the number of requests you lend to health related institutions, and (ii) because of the reduction in the number of interlibrary loans that will be provided free from the Regional Medical Library, you may have to make arrangements with your KOMRML service area and other local libraries to secure documents which have been previously provided without cost to you.

APPENDIX B

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Dear Librarian:

Our earlier memo announced that a new method of establishing a quota of free interlibrary loans from KOMRML was to be used in 1971. Borrowers from KOMRML participating libraries could raise their quota of National Library of Medicine-supported interlibrary loans if such borrowers supplied information as to the number of interlibrary loans they lent to other health-related institutions. Our 1970 records show that your institution has borrowed more than the tentative figure set as a quota for NLM support. If you wish to take advantage of the additional "free" loans, write in the total number of items you lent to health-related institutions during 1970 in the space below, sign your name and return this letter to the KOMRML Central Office.

This letter should be returned to Central Office by February 15, 1971. In the event you do not return the letter, the minimum quota figure will be in effect for your institution and you will have to make arrangements with your participating library for any payments to be made to cover the cost of items you borrow over the quota.

The quotas and the method of reporting will be determined by NLM. Please be advised that we may have to ask for additional information. If there are any questions, please feel free to contact Central Office or your participating library.

My library loaned _____ items to other health-related institutions in 1970.

_____
(Signature) (Title)

_____
(Date)

APPENDIX C

OSU -1- Record FILLED REQUESTS ONLY in space (_____) provided

A.F. Institute of Technology
Library (AFIT-LD)
Bldg. 640, Area B _____
Wright-Patterson AFB, Ohio 45433

Aerospace Research Labs
ARIL Library, Bldg. 450
Wright-Patterson Air Force Base
WPAFB, Ohio 45433 _____

Antioch College
Library _____
Yellow Springs, Ohio 45387

Barney Children's Medical Cntr.
Library
1735 Chapel Street
Dayton, Ohio 45404 _____

Battelle Memorial Institute
Library, Columbus Labs.
505 King Avenue
Columbus, Ohio 43201 _____

Bell Telephone Labs., Inc.
Technical Library
6200 E. Broad Street
Columbus, Ohio 43213 _____

Bert W. Martin Memorial Hosp.
Library
200 N. Mulberry Street
Mount Vernon, Ohio 43050 _____

Bethesda Hospital
Library
Maple Avenue
Zanesville, Ohio 43701 _____

Bluffton College
Library
Bluffton, Ohio 45817 _____

Capital University Library
2199 E. Main Street
Columbus, Ohio 43209 _____

Central State University
Library
Wilberforce, Ohio 45384 _____

Cerebral Training Institute
Library
50 Old Village Road
Columbus, Ohio 43228 _____

Chas. F. Kettering Memorial Hosp.
Med. Libry., Staff Ref. Room
3535 Southern Blvd.
Kettering, Ohio 45429 _____

Chas. R. Drew Comprehensive
Neighborhood Health Center
1323 West Third Street
Dayton, Ohio 45407 _____

Chemical Abstracts Service
Library
2540 Olentangy River Road
Columbus, Ohio 43202 _____

Chillicothe Correctional Inst.
Div. of Psychiatric Criminology
P.O. Box 5500
Chillicothe, Ohio 45601 _____

College of Steubenville
Library
Franciscan Way
Steubenville, Ohio 43952 _____

Columbus State Hospital
Library
1960 W. Broad Street
Columbus, Ohio 43223 _____

Cox Heart Institute
Library
3525 Southern Blvd.
Kettering, Ohio 45429 _____

Denison University Library
Interlibrary Loan Service
Granville, Ohio 43023 _____

Dettmer Hospital
Library
3130 N. Dixie Highway
Troy, Ohio 45373 _____

Doctor's Hospital
Library
1087 Dennison Avenue
Columbus, Ohio 43201 _____

Fels Research Institute
Library
800 Livermore Street
Yellow Springs, Ohio 45387
_____

Frederick C. Smith Clinic
Library
1040 Delaware Avenue
Marion, Ohio 43302 _____

Galion Community Hospital
Library
Portland Way S.
Galion, Ohio 44833 _____

General Electric Company
Engineering Library
Coshocton, Ohio 43812 _____

Good Samaritan Hospital
Library
1425 W. Fairview Avenue
Dayton, Ohio 45406 _____